Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

LEAVE CASH-OUT PRE-DESIGNATION AGREEMENT FOR CALENDAR YEAR 2017
Attorney

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name

Union Code	Department	Telephone

I elect to convert the following number of Attorney and/or Vacation Leave hours to cash:

Attorney Leave Hours	Vacation Leave Hours
Number of hours designated may not be less than 8 hours and shall not exceed 40 hours.	May elect up to 60 hours to cash out in a minimum of 8 hour increments. At least 80 hours of Vacation and/or Attorney Leave must have been used during the previous calendar year to be eligible for this benefit.

I understand and accept the following conditions regarding my designation:

1. I must complete, sign and submit this Agreement no later than **December 29, 2016** in order to cash out the above hours in **calendar year 2017.**
2. Signing this Pre-Designation Agreement does **not** restrict my ability to use the Vacation and/or Attorney Leave I accrue during **calendar year 2017**.
3. This designation is irrevocable. If I have not submitted a Leave Cash-Out Request form for the total pre-designated hours indicated above by the end of pay period **25/17,** any hours remaining up to the accruals available after pay period **26/17** processes will be automatically cashed out and will be added to my earnings for pay period **26/17**.
4. I understand that if my Vacation Leave Balances are less than 60 hours after pay period 26/16 has processed, I may pre-designate up to an additional 20 hours of Attorney Leave to cash out provided the total number of Vacation and Attorney Leave hours pre-designated does not exceed 100 hours and any one leave type, either Vacation or Attorney Leave, does not exceed 60 hours.
5. I understand that failure to adhere to these rules can result in adverse tax consequences for all County employees. **Therefore, I must complete, sign and return this Pre-Designation Agreement to my Payroll Specialist by December 29, 2016. Any forms received after this date will not be honored.**

Employee Signature	Date
Appointing Authority or Designee (Print & Sign)	**Date**

PAYROLL SPECIALIST VERIFICATION OF ELIGIBILITY

Pay Period										Total Hours Used
VAC/ ATY Hours										

Payroll Specialist (Print & Sign)	Telephone	Mail Code	Date

Office Use Only (Eligibility Verification)

Leave Accrual Rate	Union Code	Signatures	Signature Dates	Reviewed By/ Date

DISTRIBUTION: Original - Central Payroll (0032)